Evaluation of and Recommendations for Services for the Aboriginal Homeless in Ottawa

Prepared for
The City of Ottawa Community Capacity Building Team for Homelessness

Prepared by
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1. INTRODUCTION

Social Data Research Ltd. is pleased to present this report - "Evaluation of and Recommendations for Services for the Aboriginal Homeless in Ottawa" - to Ottawa's Community Capacity Building Team (CCBT) for homelessness. The purpose of this study was to update the Ottawa Community Plan for Addressing Homelessness by:

- Consulting with stakeholders (direct service providers, clients, collateral services) around the issue of services for the Aboriginal homeless in Ottawa;
- Include a description (magnitude and profile) of the service population, a scan of existing services and a search for best practices/models in other communities; and
- Prepare a report about the environment, issues and options for updating the Aboriginal Coalition's goals and priorities with reference to a sustainable strategy.

This report recognizes, acknowledges, and builds upon the valuable work completed by the Ottawa Coalition on Urban Aboriginal Homelessness towards addressing the needs of First Nations, Métis and Inuit peoples[1].

1.1 Approach

To complete the research for this study in the short timeframe available, a number of activities were undertaken simultaneously. These were:

- A facilitated roundtable with members of the Aboriginal Coalition to finalize the work plan, identify key informants and discuss key issues
- An analysis of existing data, specifically:
    - City of Ottawa Service Inventory, July 2005
    - HIFIS database – a national database that HRSDC maintains, with input from local agencies across the country (from shelters and off-site emergency beds)
    - Quarterly statistics provided by Aboriginal agencies to the City of Ottawa's Housing Branch – Residential and Support Services
    - Alliance to End Homelessness Report Card
- A literature review of Canadian and international publications and unpublished reports focusing on best practices and delivery models in

[1] In Section 35 of the Constitution Act 1982 "'aboriginal peoples of Canada' includes the Indian, Inuit and Metis peoples of Canada". For this evaluation project, the Ottawa agency that specifically serves Inuit people, called Tungasuwingat Inuit (T.I.) preferred to participate in a separate study that focused on the unique needs of Inuit homeless people in Ottawa.

other communities with high proportions of Aboriginal homeless people (See Appendix A for references)

- Key informant telephone interviews with experts in Aboriginal homelessness and models of service delivery (see Appendix B for list of experts)
- Telephone interviews (and email follow-up) with Aboriginal and mainstream agencies serving Aboriginal homeless people in Ottawa (See Appendix C for list of respondents)
- Face-to-face interviews with 17 Aboriginal clients accessing one or more Aboriginal and mainstream services
- Consultant brainstorming workshops to problem solve, interpret results and arrive at conclusions and recommendations (The team included an Aboriginal consultant with local, provincial and national experience in homelessness.)
- Consultation with a member of the Ottawa Coalition for Urban Aboriginal Homelessness representing the Coalition on the CCBT to discuss findings and recommendations.

1.2 Parameters

The main challenges faced in completing this work were a late start due to unavailability of key people in the Aboriginal Coalition until mid September coupled with the short time frame allotted to the research. To address these challenges, multiple sources of information were collected and analyzed simultaneously. Local statistics on the Aboriginal homeless are limited; however, a composite picture could be produced when available local data and studies were combined with the current client statistics kept by various agencies. The results reported are based on the opinions of the individuals interviewed from these agencies and may not be representative of agencies that were not able to respond. Interviews were also conducted with a sample of clients. The results of these interviews are revealing and give some perspective of the quality of services received from the clients' viewpoints.

2. PROFILE OF ABORIGINAL CLIENTS

The results presented in this section come from several sources: Aboriginal agencies; Aboriginal clients; mainstream agencies that also serve Aboriginal clients; statistics submitted by Aboriginal agencies to City of Ottawa Housing Branch; and other local studies. Most agencies do not keep ongoing client profile statistics. Most mainstream agencies were able to estimate the percentage of their clients who are Aboriginal and their age range. The most insight about the profile of aboriginal clients came from the clients themselves.

2.1 Aboriginal men

Aboriginal men were typically the most predominant group among the non-Caucasian cultures represented in the general male client population of mainstream agencies. According to mainstream agencies interviewed for this study, between 10% and 40% of male clients have an aboriginal background. Other studies (Aubrey et al., 2003) have found that about 20% of the overall homeless population and 10% of homeless men in Ottawa have an Aboriginal background – an over-representation relative to their 1.1% proportion in the Ottawa population at large.

Mainstream agencies serving homeless men report that aboriginal clients are in a similar age range to male clients as a whole and that ages can range from as young as teens to persons well over fifty. However, men in the 40 to 45 year old age category predominate among the homeless. This was borne out in the client interviews even though it was not a systematic random sample. The aboriginal male clients interviewed for this study ranged in age from 17 to 48 with most over 40.

2.2 Aboriginal women

Aboriginal women may comprise a larger proportion of the aboriginal homeless than is the case for women in the overall homeless population. According to the literature, studies have found that about 30% of the aboriginal homeless population is comprised of women and 70% men. Non-aboriginal mainstream agencies interviewed for this research estimated that about 20% of their homeless population in general is comprised of women and 80% men. However, Odawa Native Friendship Centre estimates that 15% of their homeless clients are women and 85% are men. Wabano Health Centre sees more women (60%) than men (40%), however, most of these clients are not homeless.

For the mainstream agencies serving women only, the percent that are Aboriginal ranges from about 5% to 25%. The agencies estimated the age range of their Aboriginal female clients to be between 18 and 80 with an average age of 30-40 years of age. However those fleeing violence are younger and have an average age of 25. The ages of the aboriginal women interviewed for this research ranged from 18 to 49 with an average age of 40.

There is some indication that the number of Aboriginal women accessing Aboriginal services is on the rise. Statistics provided to the City of Ottawa's Housing Branch by Minwaashin Lodge/AWSC showed an increase of 37% in the number of women accessing housing-related services between October to December 2004 quarter and the January to March 2005 quarter. Most (88%) of these clients are single women and 12 % are lone parents with at least one child. The same trend was borne out at AWSC-Oshki Kizis where the increase in women accessing services over the same time period was 33%. In terms of age grouping, 73% were adult women between the ages of 31 and 64, 12% were between the ages of 15 and 30 and about 10% were children under the age of 15. Most were single adults. It is likely that there is considerable overlap in

these statistics and that the same clients are accessing services at both agencies. Nevertheless the increase is notable.

2.3 Aboriginal youth

According to the Youth Services Bureau, about 6-7% of all youth clients in the Young Women's Shelter, waiting for YSB housing or accessing downtown drop-in services are Aboriginal. Slightly more males than females are represented in this group. These youth have multitude needs including basic needs such as shelter, food, and health care as well as more complex needs associated with substance abuse, lack of education, abuse, unemployment, and relations with significant others. These youth often have concurrent disorders and are in poor health. YSB links with appropriate aboriginal agencies to address the issues related to aboriginal youth.

According to the Odawa Native Friendship Centre, 15% of their homeless clients are youth.

2.4 Aboriginal families

Aboriginal agencies that serve both men and women report that their clients range from babies to elders. Odawa estimates that about 15% of their homeless clients are families.

One francophone agency serving only women (a drop-in centre) estimates that 30% of their 40 clients are Aboriginal – mostly single mothers. These women do not speak French, however they come to the Centre with their children because it is welcoming, open in the evenings, and offers programs for women only. Many of the women are fleeing abusive partner situations. Although there is a language barrier which is frustrating to staff, aboriginal clients feel comfortable accessing the centre, according to the respondent. This agency also has 3 aboriginal transgendered clients – representing about 25% of their aboriginal clients.

Poverty, lack of nutrition, and basic needs such as shelter, clothing, and health care are predominant. According to the respondent, most of the women are marginalized and feel oppressed by the mainstream community because they are Aboriginal. Clients say there is a perception by others that they cannot hold a job because they are Aboriginal. Employment and employability are big issues.

2.5 How do aboriginal clients differ from homeless clients in general?

Mainstream agencies that were serving aboriginal clients at the time of the study were asked how their aboriginal clients differed from their other clients, if at all. Most agencies reported little difference in demographic characteristics. However, about half of the agencies interviewed observed notable differences between aboriginal and non-aboriginal clients – mainly related to level of health and social issues.

A number of agencies indicated that their aboriginal clients appear to be more socially isolated, often preferring to sleep outdoors rather than in an emergency

shelter. As one respondent expressed it…"They have lost their community connections; we also serve Inuit who even have a harder time making the transition from prison to mainstream community." Another agency notes that if there are other aboriginal clients accessing services, they tend to congregate together. The clients themselves corroborated this observation. A number of clients spoke of their desire to be amongst other aboriginal clients when using shelter or drop-in services. Dissatisfaction among aboriginal clients with mainstream agencies may in part be connected to the lack of opportunity to interact with other aboriginal clients or staff.

Another significant observation made by mainstream agencies is that aboriginal clients are often "harder to serve", having more severe addiction issues and often concurrent disorders. In some instances they are coming to mainstream agencies because most practice a harm reduction approach rather than the abstinence approach used by some aboriginal agencies. According to one mainstream agency, the majority of aboriginal clients end up in a mainstream shelters because of their addiction problems. They are often in very poor health and are frequently referred to the Inner City Health Project.

Of the 17 Aboriginal clients interviewed for the study, 35% reported their general health to be fair or poor with about 18% reporting excellent or very good health. (Younger respondents reported better health) More than half reported physical health issues such as HIV/AIDS, liver damage, asthma and degenerative back problems. About one quarter reported mental health problems including schizophrenia, anxiety and depression. Sixty percent of the Aboriginal clients interviewed indicated they had substance use problems including street drugs and alcohol.

Aboriginal agencies interviewed for the study concur with these results. Depending on the agency responding, anywhere from 10% to 85% of clients they see are in poor health – on average about half of all aboriginal homeless are in very poor physical health. The estimates for poor mental health ranged from 65% to 90% and for substance use the percents ranged from 60% to 80%. It is estimated that about half of aboriginal homeless people suffer from concurrent disorders.

Aboriginal agencies spoke about the issues unique to aboriginal homeless people, including residential school-related trauma, multi-generational abuse, sexual abuse, loss of culture, loss of families, higher rates of Fetal Alcohol Syndrome, language identity, and dysfunctional families. There is also indication that gay, lesbian, bisexual and transgendered Aboriginal people may have special needs that mainstream agencies are not able to meet.

2.6 Have aboriginal clients' profiles changed over time?

Changes observed over time in the general homeless population also apply to aboriginal clients including an increase in the number of clients with severe and complex needs and youth alienated from their families. (One aboriginal male in his 20's who was interviewed had been left an orphan from the age of three and

had moved from home to home and group home to the street.) The Inner City Health Project has observed a steadily increasing number of aboriginal clients being referred to their agency since they began operations four years ago.

Two mainstream agencies reported that over time aboriginals are using aboriginal-specific services as they become more available. As a result these clients have a broader array of services that complement one another in meeting their needs.

Aboriginal agencies observed that their clients' substance abuse, physical and mental health, and coping skills are getting worse. At the same time, respondents note that Aboriginal people are now more aware of the causes of some of their issues. They have observed that for some clients this helps, while for others it provides a crutch to maintain a "victims" approach. Aboriginal agencies also reported seeing increasing numbers of homeless/at risk youth. They speculate this may be due to the inability of some youth to succeed in mainstream schools.

Another agency – a francophone agency serving women – has noted an increase in the number of Aboriginal women accessing their agency over time. According to this agency, these women are looking for a place where they can belong.

2.7 How have changes in clients' profile affected service delivery?

The mainstream agencies surveyed indicate that serving higher risk clients has had implications for service delivery – these implications are the same for their aboriginal clients as for their clients as a whole. The types of changes and needs in service delivery include:

- An increased need for supportive/supported housing (one mainstream agency felt this was even a greater need for aboriginal clients)
- An increased need for case management
- The need for more assistance from police services
- An increase in staff-client ratio, particularly at night for those providing 24 hour service
- The need for more staff
- The need for specialized staff, particularly staff sensitive to the needs of aboriginal clients (mainstream agencies)
- Additional training for staff, particularly cultural sensitivity training
- More collaboration with provincial and national initiatives around prevention, care, support and treatment for persons with HIV/AIDS
- The need for more security because of an increase in violence among clients

A few agencies indicated that in spite of the increasing challenges they have not made major changes in the way they deliver services. They are just "trying to

cope". Lack of resources is the main reason given. Mainstream agencies identified the areas of greatest service need as: services for women, GBLT, and those with addictions. For Aboriginal women, there is a need for detoxification and rehabilitation services that use traditional healing approaches. There are similarities in the gaps in service between the mainstream and Aboriginal agencies. According to the Aboriginal agencies, there is a need for more services for men, single women, women with children, "dark faced women" experiencing racism, and Inuit.[2]

3. WHO SERVES THE ABORGINAL HOMELESS POPULATION?

Aboriginal homeless youth, single women and men, and families are served by Aboriginal–specific agencies and by agencies serving the mainstream homeless population in the City of Ottawa. Aboriginal–specific agencies, for the most part, serve their own people but may also provide services to a small percentage of non-Aboriginal people. Responsibility for governance, planning, evaluation, program administration and implementation are held primarily by individuals of Aboriginal heritage. Indeed, a distinguishing feature underlying programming and service delivery is the strong foundation in Aboriginal history, traditional teachings and healing practices. In this section, the components of the current Aboriginal Continuum of Care are described in relation to the mainstream continuum of care framework. The capacity of each component is indicated to the extent that available data allow.

3.1 Housing

Emergency Shelters

In the mainstream Continuum of Care, emergency shelters provide sleeping arrangements usually in dormitory facilities and to a lesser extent in shared or single bedrooms. Shower facilities and meals are also available. During the winter months, when demand outstrips the "permanent" supply of beds, shelters can add beds or mats to accommodate the overflow. Emergency shelters serve both the short-term homeless and the chronically homeless who often have complex health needs and are unable to access mainstream services due to behaviour or lifestyle issues. A significant proportion of homeless men accessing mainstream emergency shelters are Aboriginal, Métis, and Inuit. For Aboriginal women, mainstream shelters are particularly difficult because of racism, intimidation and stealing. Presently, there are no Aboriginal–specific emergency shelters for men and youth.

Oshki Kizis Lodge.

There is one Aboriginal emergency shelter for homeless and abused women and their children. Oshki Kizis Lodge is a 19 bed shelter for urban First Nations, Inuit

[2] A separate study is addressing the needs of the homeless Inuit population.

and Métis women and their children on a 24/7 basis. Three of the 19 beds can accommodate mothers who have children with them. Operated by the Minwaashin Lodge, Oshki Kizis Lodge provides a safe and supportive environment for homeless and abused women. The length of stay varies but can be up to one year. On-site program staffing includes a counselor, crisis intervention/crisis line worker and an administrative assistant. In addition to 24 hour residential support, programs and services offered include: advocacy, counseling (individual and group), community and transitional support, housing support, referrals, legal advocacy & support, cultural and spiritual programs and children's programs.

Supportive/Transitional Housing

Supportive housing usually has on-site services complemented by provision of specialized individualized portable services to meet the specific needs of residents. Services usually fall into two broad categories – health and personal support. The focus is on rehabilitation, skills training and community integration. While supportive housing may be long term, transitional housing is intended to be a stepping-stone that provides a supportive environment until the individual is ready to move to permanent housing. The length of stay in transitional housing varies from six months to three years depending on the place and needs of the individual. Some agencies providing supportive housing in Ottawa are Salus, Daybreak, Shepherds of Good Hope and Options Bytown. There is far more need than can be met by these providers. Most shelter operators will attest that more supportive housing is one of the top priorities to properly address homelessness. Domiciliary Hostels also provide a form of long term supportive housing. About 26 operators provide 850 subsidized beds in supervised boarding house milieus. Domiciliary Hostels accommodate the frail elderly, persons with mental illness, and some persons with developmental disabilities.

Tewegan Transition House

An Aboriginal-specific transitional housing facility - Tewegan Transition House - recently opened for young single women. There are no other Aboriginal-specific transitional housing facilities available for the Aboriginal homeless in Ottawa. Tewegan is an 8-bed home for young Inuit, Métis and First Nation young women between the ages of 16-29 who are homeless or at risk of being homeless. This facility offers residential services and provides on-site and support services on a 24/7 basis. The Aboriginal Youth Non-profit Corporation (AYNHC) operates Tewegan Transition House. Tewegan offers:

- A safe cultural-based environment, with a live-in Elder/Grandmother,
- Confidential and supportive counseling, information, advocacy and referrals that will assist young women to permanent housing,
- An environment in which young women feel safe to reclaim pride and respect in their culture,

- An opportunity for young women to learn about their culture and celebrate their traditions, and
- Community referrals.

Programs and services include traditional teachings, life skills, budgeting, personal development, career enhancement, home management skills, advocacy and nutritional information.

Social Housing

Rent-geared-to-income housing is provided by Ottawa Community Housing Corporation (OCHC), and other non-profit, and co-op housing operators. Rent supplements are also provided in private market housing. There is a long waiting list of families and single persons who need affordable housing. It can take years to get an offer of a housing unit. The Housing Registry maintains a centralized waiting list. There is sometimes an onsite support worker available in certain social housing buildings to help new high-risk tenants to integrate into the community and to link residents with community support services. Specialized service providers may also offer assistance to individuals or groups in social housing. Aboriginal homeless and those at risk of homelessness (youth, single women and men, and families) are eligible for social housing provided by OCHC.

Gignul Non-Profit Housing Corporation

Presently, there is one Aboriginal-specific social housing provider - Gignul Non Profit Housing Corporation. (Inuit Housing Corporation serves Inuit homeless in the City.) Both have long waiting lists. Gignul has 162 units for people of First Nation and Métis ancestry. Anyone aged 16 or over and able to live independently is eligible. Gignul Non-Profit Housing Corporation is committed to a holistic approach to housing. Applicants include both people at risk of losing their housing, or those who are currently homeless. Gignul works in partnership with other Aboriginal organizations and focuses on both short and long term solutions.

Private Market Housing

Rooming houses are one of the least costly forms of transitional and permanent housing accommodation available to low income Canadians. The stock of about 200 rooming houses in Ottawa is virtually the only affordable private market housing option available for low income youth and adults. This is the only accommodation where rent will be close to the $335 shelter allowance provided by Ontario Works. Some rooming houses have a supportive superintendent on site. The City of Ottawa's Rooming House Services Team[3] is available to help resolve the crisis situations that frequently arise. Rooming houses are one of the most feasible housing options for the single homeless to exit the shelter system.

[3] Coordinated and deployed by the Rooming House Coordinator for the City of Ottawa Housing Branch, fire, building, police, By-law representatives can be marshalled as circumstances demand to resolve and defuse the crisis.

However, stock has been lost over the years and neighborhood ratepayer groups are often vehemently opposed to the opening of new rooming houses, especially those that are likely to house single men from shelters. Presently, there are no Aboriginal- specific rooming houses in Ottawa.

3.2 Support Services

Outreach Services

Drop-in centres and some agencies have outreach workers who are assigned to streets in the surrounding neighbourhoods, bringing survival essentials such as food, clothing, blankets, first-aid, information and other services to homeless youth, single homeless men and women, and homeless families who do not want to use shelters. The Aboriginal–specific outreach programs mirror mainstream outreach services for the homeless and are more culturally sensitive and relevant. Centre 454 (a mainstream drop-in centre) has become a culturally sensitive agency. Indeed, according to the Ottawa Coalition for Urban Aboriginal Homelessness, Centre 454 is the first place a homeless aboriginal person is likely to go when first arriving in the City.

There are five Aboriginal - specific outreach programs, including two drop-in/support centres in Ottawa. Each is briefly described below.

Getcha-Nishing Mashkiki Mobile Health Team

The Mobile Health and Addictions team is managed and operated by Wabano Centre for Health Services – an urban health centre established in 1998. The Mobile Health and Addictions Team's primary focus is to provide medical care to Aboriginal people who are at high risk of homelessness. Using the Wabano Centre's cultural approach to health and wellness, the outreach team focuses on the traditional concept of holistic healing. This includes providing services that encourage healing involving the whole person: emotional, spiritual, mental and physical. Services offered by the Mobile Health and Addictions team include:

- treatment for common illnesses, diseases and injuries
- condom distribution and STD treatment
- Hep C and Anonymous HIV testing
- Clothing distribution
- Biindahgen Lunch drop-in at Sandy Hill Community Health Centre Referrals to shelters, housing, food banks, and treatment centres (addictions and mental illness)
- Support groups for relapse prevention, pre-treatment care and aftercare
- Traditional and cultural teachings, personal support and guidance

Wabano Centre receives funding for the Mobile Health and Addictions team from two sources – Ontario Federation of Indian Friendship Centres (OFIFC) and the National Homelessness Initiative ("SCPI"). OFIFC funds an addictions case

manager and an addictions worker. A grandmother and facilitator receive honorariums. SCPI funds a nurse practitioner, a mental health worker, and a youth worker.

Biindahgen ("Come In") Lunch Drop-in

This drop-in lunch program is mentioned above as one of the outreach services provided by the Mobile Health and Addictions team one day per week on Fridays at the Sandy Hill Community Health Centre. The program is popular with the homeless and those at risk of becoming homeless. The lunch is conducted within a traditional and cultural teaching environment with the nurse practitioner, mental health, addictions, housing help and youth outreach workers present and available when help is wanted. The program started with six homeless individuals. Now, 40-45 youth, men and women drop in each week.

Youth Pilot Project

The Youth Pilot Project is part of the Mobile Health Team run by Wabano Centre. The youth worker collaborates with member agencies of the Ottawa Coalition for Urban Aboriginal Homelessness to reach out to young women and men aged 15 to 30 years old. Through this program 90 youth have been identified with active addictions. The worker offers transportation vouchers, referrals and follow-through to treatment and housing resources as well as cultural interpretation services.

Minwaashin – Aboriginal Women's Support Centre

Minwaashin –AWSC is a program of Minwaashin Lodge. Young and adult women are usually referred to this support program by other agencies. The target population is Aboriginal women and their children who are homeless or at risk of being homeless, impacted by poverty, domestic violence, physical and sexual abuse, substance abuse and mental health issues. Programs include workshops, a soup kitchen, programs for children, housing and stabilization support, counseling and referrals for addictions and mental health problems. Two full time positions are funded by SCPI - one full-time family support worker and one full-time mental health worker.

Shawenjeagamik Drop-In Centre

Shawenjeagamik means "House of Compassion" in the Algonquin language. The Centre operates under the umbrella of the Odawa Native Friendship Centre (ONFC). It is an Aboriginal Drop-In Centre for First Nations, Inuit and Métis people who are homeless or at risk of becoming homeless. Shawenjeagamik's protocol will be guided by the Seven Grandfather Teachings: honesty, humility, trust, love, bravery, caring and courage. The ONFC received SCPI capital funding for a building at 510 Rideau Street, but rezoning issues have precluded occupancy of the building. In the interim, Odawa Native Friendship Centre is providing services by utilizing an agency bus (Bannock Bus). SCPI operational funding will provide services for the period from August 2004 to March 2006. Services include two hot meals daily, warm clothing, personal hygiene products,

referrals and resource information, bus tickets for appointments, assistance completing forms, memorial services, a food bank, sharing circles, and elders on request for special events. When the Centre can be occupied, showers and laundry facilities will be provided. Presently, the staff consists of a manager, an assistant, a full and a part-time cook, an outreach/frontline worker, a part-time maintenance worker, 4.5 shift workers and volunteers. The future expectations of the ONFC for Shawenjeagamik Drop-In Centre are to secure sustainable funding, secure affordable housing units or rooms, develop a process to take clients from the street to temporary or transitional housing, provide skills training and upgrading, and continue to develop innovative programs.

Shelter Services

There are support services located on-site in mainstream emergency shelters. These can include assessment and referral, housing search and stabilization, and health services. Each shelter has a housing placement worker to help homeless individuals find an appropriate, affordable place to live. Health service providers (physical, mental and addictions) often come to the shelters on a regular, pre-determined schedule, as well as on an emergency basis.[4] Shelter services are provided at Oshki Kizis by a family support worker and a mental health counselor who assist women and children to reintegrate into the community.

Housing Loss Prevention

The Housing Loss Prevention Network works through Community Health Centres to identify individuals and families at risk of becoming homeless. It is much more cost-effective to keep someone housed than to have them cycle through an emergency shelter and the housing search process. Workers help access short-term loans (to cover arrears or outstanding utility bills), intervene with mediation to resolve disputes with landlords, and make referrals to appropriate programs and resources. Homeless individuals and families who find housing typically need to receive follow up from a worker to ensure they get connected to services, pay their rent, and begin to transition from street and shelter life. Presently, Aboriginal housing support outreach workers with Minwaashin–AWSC, Getcha-Nishing Mashkiki Mobile Health Team's Youth Pilot Project, Wabano Centre for Health Services and Shawenjeagamik Drop-in Centre also offer these services as part of their overall responsibilities.

3.3 Capacity of Aboriginal Agencies

The capacity statistics shown in Exhibit 1 are taken from the results of the City of Ottawa's July 2005 Service Inventory ["Inventory of Housing and Support Services for Homeless and at Risk"]. Three Aboriginal agencies responded to the survey: Minwaashin Lodge/The Aboriginal Women's Support Centre,

[4] Partnerships with Inner City Health, Canadian Mental Health Association (CMHA), Public Health Department, and Royal Ottawa Hospital – Outreach Program bring health services to homeless individuals on the street, in the shelters and supportive/transitional housing.

Wabano Centre for Aboriginal Health, and Odawa Native Friendship Centre Inc., as well as those non-Aboriginal agencies that offer services oriented to Aboriginals. Of course, Aboriginals may also use services that are open to everyone. The statistics provide an overview of the agencies' capacity to serve their clients. It is important to note that the numbers below do not necessarily represent unique individuals. The same workers and the same clients are probably counted in several categories.

Exhibit 1 Number of Clients and Staff by Program Area and Agency

Program Area	Agency	# of Clients	# of Staff
Outreach	Wabano	211	2
Housing search	Minwaashin Lodge	190	2
	Wabano	120	2
Housing loss	Wabano	77	2
Drop-in support	Wabano	211	3
Mental health	Wabano	44	1
	Minwaashin Lodge	486	1
Physical health	Wabano	70	1
Employment	Odawa	1300	2
	Minwaashin Lodge	486	1
Addiction	Wabano	68	2

Other Services

In addition to the services listed above in Exhibit 1, the Odawa Native Friendship Centre and Bruce House maintained a transitional housing inventory with a primary population of Aboriginal clients. Four agencies (Odawa, Options Bytown,

Daybreak and Bruce House) stated that they offer Supportive Housing for Aboriginals. Except for Odawa, other populations were served by these agencies as well.

3.4 Capacity of Mainstream Agencies to Serve Aboriginal Clients

Statistics for the provision of services to Aboriginals present problems in that Aboriginals may already have been counted in the general population figures reported by agencies and thus double-counted. There also appears to be a subset of Inuit who do not identify themselves as Aboriginal. Further, since there is no requirement to show a status card to be counted as Aboriginal, anyone may claim to be so. (The City of Ottawa may wish to contact the City of Winnipeg, which has a large urban Aboriginal population, to ascertain how they define Aboriginals and deal with statistical reporting.) Not all agencies reported estimates of the number of Aboriginal clients served or the number of staff. Caution should be used when interpreting the statistics reported in Exhibit 2 below as usually Aboriginals are counted only on a self-described basis.

In addition to the three Aboriginal agencies, 54 mainstream agencies that serve the homeless responded to the City of Ottawa's 2005 Service Inventory Survey. All reported that their services are available to Aboriginal clients. Agencies want to ensure that Aboriginals receive the homelessness support services available to all, and that they can also have services specifically designed for them..

Exhibit 2 below summarizes the capacity of those agencies that report currently serving Aboriginal clients. It shows that up to 719 Aboriginal clients used the services of mainstream agencies in 2005. It is not known how many of these clients used more than one service or used the same service repeatedly.

Exhibit 2: Capacity of Mainstream agencies to serve Aboriginal clients*

Types of Service	Number of agencies that report offering service	Total number of Aboriginal clients served per year	Total number of staff assigned to provide service (to all clients)
Outreach services	8	422	9
Housing search	4	422	4
Housing loss prevention	3	401	2
Drop-in support	8	412	27.5
Mental health support	4	507	20
Physical health support	6	719 (Sandy Hill CHC reported	5 (Sandy Hill CHC did not provide

		275)	number of staff)
Employment services	5	412	20 (17 at Causeway Work Centre)
Addiction services	6	453	3.17

4.0 HOW WELL ARE THE ABORIGINAL HOMELESS SERVED?

4.1 What the agencies say

About mainstream agencies' capacity to serve Aboriginal clients.

Mainstream agencies were asked if they had the capacity to meet the needs of aboriginal clients in the context of the services they offer. Most agencies said yes, but also indicated gaps in services - the same gaps as for non-aboriginal clients. In addition to funding for operations, reported gaps included supported housing with a harm reduction philosophy, case management, mental health services, bilingual staff, drop-in programs for women including evening programs and training about the aboriginal population. One agency felt that aboriginal clients are needier, have a harder time fitting in, and may have special diet needs. When asked if they felt their agency should be trying to fill the gaps related to serving aboriginal clients, most agencies expressed a desire to work together with aboriginal agencies and Coalition partners. As one respondent expressed it, "It would be nice to know more about our aboriginal clients' background, their culture and traditions." The Inner City Health Project (ICHP) reported partnering with and relying on aboriginal agencies to better address the needs of their aboriginal clients. ICHP felt that aboriginal agencies are better suited to understanding the needs of their clients. Some clients interviewed as part of this study spoke of feeling uncomfortable accessing mainstream agencies. As well, a few clients, mainly women, avoided some shelters because of cultural differences and violent disagreements with other clients.

About Aboriginal agencies' capacity to serve aboriginal clients

Aboriginal agencies identified lack of longer-term funding as the main issue related to capacity to serve their homeless clients. According to respondents, the short-term funding received from SCPI prevents staff from developing long term plans with clients. As well, agencies are experiencing difficulty hiring and retaining skilled staff due to the short-term nature of the employment. Aboriginal agencies felt that Aboriginal homeless people seeking shelter in mainstream agencies often experience racism and violence from other clients.

About client access and follow-up

Agencies were asked how clients get to know about their services. For mainstream agencies, Wabano appears to be the main referral source. For most agencies, however, all clients find out about services through a combination of self-referrals, word of mouth and referrals by other agencies in their network. According to the Aboriginal agencies, the main sources of referrals for their clients are word of mouth, (moccasin telegraph), team work with and referrals from other Aboriginal and mainstream agencies. Client follow-up was an issue for most mainstream agencies. For Aboriginal clients, whose needs are often greater, this was seen as a critical component. A number of mainstream agencies use a case management approach with their aboriginal clients and work with partner agencies. However, Inner City Health Project acknowledged the difficulties in meeting the needs of their aboriginal clients. They said that "Aboriginal clients tend to remain in the program longer than others as there are so few options for them. Their issues tend to make them not well suited for communal living but their fragile physical and mental health require supported living." For the one Francophone agency serving women only, follow-up was almost non-existent because staff spoke only French and did not communicate with other mainstream agencies.

About working with aboriginal agencies

Mainstream agencies serving aboriginal clients were asked how familiar they were with the aboriginal agencies in Ottawa. Of the 13 agencies who responded to the question, 5 indicated they were very familiar with these agencies, 5 were somewhat familiar, and 3 admitted to not knowing much about the aboriginal agencies in Ottawa. One mainstream agency that was familiar with the aboriginal agencies in Ottawa held the view that aboriginal agencies "sit on the outside" – that they are not as involved or well networked with other agencies.

Mainstream agencies thought there was much room for improvement in developing effective partnerships between mainstream and aboriginal agencies. While a few agencies felt they were working very effectively with their aboriginal partners and that the interrelationships were very strong, others had suggestions on how their partnerships could be strengthened. Most of the comments centered on the desire for more shared staff training. Others spoke of the challenges involved in getting Aboriginal agencies to engage in joint planning around such issues as HIV/AIDS. One agency commented:

> *"With respect to service delivery/functioning there needs to be respect for the autonomy of the Francophone and Aboriginal agencies and respect for the collaboration between the Anglophone, Francophone and Aboriginal agencies, rather than trying to assimilate them all together and thus neglect the cultural differences."*

Aboriginal agencies were asked how well they were working with each other. One respondent said "poorly due to a lack of funding", two agencies thought they were working together adequately, and one indicated very well. One respondent expressed concern that Aboriginal agencies only came together around planning

when there was a crisis. When asked how well the services offered by Aboriginal agencies were coordinated, respondents had different perspectives ranging from not too well to very well. Lack of funding was the main reason given as to why services were not coordinated as well as they could be.

Only Wabano reported that its relationships with mainstream agencies were very effective. The other three thought that their relationships were somewhat effective. Most felt what would improve the way the agencies worked together would be more Aboriginal people providing services in mainstream agencies as well as input from Aboriginal agencies into mainstream agency programming regarding their Aboriginal clients.

4.2 What clients say

Interviews were conducted with 17 Aboriginal clients – 9 males and 8 females - currently accessing one or more services for homeless people in Ottawa. Two of the respondents were teens – one teen female and one teen male. The other respondents ranged in age from 23 to 49. All but two respondents were Canadian born (one respondent was born in Germany, and another in the United States). Three of the 15 Canadian-born respondents were born in Ottawa and had lived in the City their whole lives. Most of the remaining respondents have moved to Ottawa from other locations in Ontario; however others came from communities (including reserves) in Quebec, Alberta, and Saskatchewan. About a third of the respondents indicated that they moved around a lot. In terms of education, most respondents had not completed high school, and a few had only an elementary school education. The teen female was taking high school courses at the time of the interview. Two respondents had completed high school and one reported having some university education. The majority of respondents reported receiving some minimum regular income (either welfare or disability) but the amounts were typically less than $500 per month. A few also earned money by other means including panhandling, part-time cash jobs, street performing, selling their own artwork and or receiving money from family and friends. A teenaged male respondent reported receiving no regular income.

Respondents were interviewed on location at the agency that provided the client referral to the consultants and were remunerated for their interview time. Prior to the interview, respondents were assured of its confidential nature and were encouraged to speak freely. Potential respondents were recruited through The Inner City Health Project and Centre 454. Interviews were conducted at the Centre as well as the Mission, the Salvation Army's Special Care Unit, The Well, Options Bytown, Cornerstone/LePilier, the Shepherds of Good Hope, and Youth Services Bureau.

Length of time using services

The length of time respondents had used the services offered by the agency where their interview took place ranged from one month to 14 years. Most had used services for more than one year but less than five years. Several

respondents reported that they had been "couch surfing" and one respondent spoke of the difficulty finding an affordable apartment while on welfare.

Why respondents were using services

Respondents were asked what brought them to the location where they were interviewed. Most respondents had heard about the service, such as a drop-in meal or shelter, through a friend or acquaintance. However, several had been referred by another agency such as The Inner City Health Project, Wabano, Cornerstone, ODSP social worker, or CMHA. Respondents using a shelter had lost their previous housing for a variety of reasons such as a roommate moving out and leaving them with unaffordable rent, not being able to pay friends for food, or conflict with other residents in their housing situation. A number of clients reported serious health-related problems including HIV/AIDS, substance use, and infections that led them to be referred to services offered by The Inner City Health Project or the Salvation Army Special Care Unit. Respondents also reported that they had been in abusive family situations, had been "kicked out by family", "had been an orphan since age 3", had been in CAS care for years, had been surviving on the streets or had been couch surfing a good part of their lives. One woman reported that she had been abused by both her former husband and boyfriend.

How service is helping now

When asked how they were being helped now most clients referred to the basics of receiving food and shelter as well as a place to shower and clean up. One woman who expressed her hope to find permanent housing is on the waiting list for social housing. In the meantime, she hopes the agency (The Well) will help her connect to other services for Aboriginals. It was clear from respondents that they were receiving multiple benefits. The following quotes illustrate the range of assistance being given to clients:

> *"I'm able to be clean, have somewhere to go. I get good moral support and guidance. I'm waiting for SIN & birth certificate. Then I'll go to Windsor for my brother's wedding." (a 30's man referring to the Union Mission)*

> *"They see to my dental & medical needs, take us to the hospital for check-ups. They roll my cigarettes because I can't use this hand. They give referrals for housing, employment, and counseling." (40's man referring to the Shepherds of Good Hope)*

> *"They help me with my medication, health, and appointments, give me food, shelter and clothing." (A woman in her 30's referring to The Shepherds of Good Hope)*

"They monitor my health, see that I get my meds. I'm now diabetic so they check my sugar levels. If I need anything they help me out with clothing, or getting me to the hospital." (a 40's man referring to the Salvation Army)

"I use the free phones, get messages here, and use it as a mailing address. There are people to talk to socially and I can talk to counselors if something is bothering me." (a 40's man referring to Centre 454)

"They gave me food and shelter, bus tickets, moral support and helped me with my resume." (18 year woman referring to Youth Services Bureau)

"I meet new people, wash my hair and clean myself, sometimes sleep on a couch, eat breakfast & lunch, get clothing and toiletries, use the phones, get help with a drug treatment program, and get help finding a place." (a 40's woman referring to The Well)

Feeling of Safety

When asked if they felt safe using homelessness services, all of the male respondents, including the youth, said yes. Respondents spoke of the feeling of comfort, how it's safer than living on the street, how the staff is supportive of their needs and how the environment is well controlled and secure with the presence of on-site staff that appear to be trained to handle problem clients, including violent ones. One young teenaged male respondent indicated he felt safe because he had his own room that he could lock.

Two male respondents indicated that they would feel more comfortable if there were other native people using the service. As one client put it…"I get paranoid when I'm in a place where I don't know anybody". This same client felt there should be more "native" programs available.

Some of the women reported that they felt safe using the service where they were interviewed. The teenaged woman who was accessing youth services reported feeling safe because of the staff presence and the fact that the shelter she used was locked at night. Two other women who indicated they felt safe expressed their feelings this way:

"I'm not ashamed. I'm safe - It's how I hold myself. People don't mess around with me even though I'm small and a woman."

"I feel very safe, no men. I'm not on the streets, not getting into trouble. Lots to do here, games, cards, I read the paper. If you need anything done they help."

The following quotes illustrate reasons why some women did not feel safe.

"So far I feel safe, but I won't come at night if they are open." (30's woman staying at the Shepherds of Good Hope. She asked if the shelter was just for women because she is staying away from an abusive ex-partner and ex-boy friend.)

"I don't feel safe because of the collective attitude, the insecurity, and the jealousy. Don't know who's my friend & who's my enemy. Have no clue. So I tend to isolate myself. I'm there but I'm not there. There are a few individuals that make me feel uncomfortable. Too many crack heads. Lack of freedom to be able to open up the doors when it's stuffy. They did it once and found a guy using the ladies shower." (30's woman staying at The Shepherds of Good Hope)

"Not between the bedbugs and the crack heads. I saw them bringing in girls, giving them crack and then turning them out to do tricks." (40's woman staying at Options Bytown)

Several of the women mentioned that they felt safer using services that were available for women only.

Services/agencies used most often

When asked which services they had used most often, 11 of the 13 men interviewed mentioned The Mission. The food at The Mission appears to be one of the main reasons why the men interviewed use this agency most often. Other reasons given included the central location close to parks, the staff, friendships they have developed, and the feeling of safety (controlled environment). For the women, the main agencies were The Well, Cornerstone, and St Luke's. The convenience of the downtown location coupled with the fact that these agencies are for women only were the main reasons given as to why the women interviewed liked these agencies. Shepherds of Good Hope and the Salvation Army were also mentioned by almost half of the respondents. In addition to meals and friendships, one respondent mentioned having access to harm reduction services for alcohol addiction as to why he used Shepherds of Good Hope. Some chose the Salvation Army because they perceived it to be cleaner, brighter, and safer for sleeping than some other locations. One respondent mentioned Wabano as the service he used most often. His reasons included access to the health clinic, bus tickets, and the people. ("I can talk to people there".)

The two teen respondents differed in their responses about which agencies they used most often. For the female it was Adult High School for independent learning courses, Centre 454 for tea and coffee, and Shepherds of Good Hope for the meals. The young male reported using Youth Services Bureau (for food and relaxation), and Biindohgen to learn customs from other natives.

Use of Aboriginal agencies

All respondents were asked if they had used any of the following Aboriginal agencies in Ottawa: Minwaashin Lodge, Oshki-Kisis Lodge, Odawa Native Friendship Centre, and Wabano Centre. All respondents reported that they had used the services of one or more of these agencies. Half of the respondents had used the services of two agencies, and one respondent had used the services of three different agencies. The agency reported most often used was the Wabano Centre. Ten of the 17 respondents had used the services at Wabano and all reported being satisfied with the help they received. The types of services respondents received from Wabano included: anger management class, the food van and use of the telephone, obtaining bus tickets, counseling, referrals for housing, and the medical services (doctor). One woman spoke of the extra support received from staff at Wabano including rides to the centre and home visits from staff. "They helped reintroduce me to my Aboriginal side". Six respondents, including the teenaged male, also reported accessing Wabano's lunch program (Biindohgen).

Nine respondents reported that they had used the services at Odawa. All but one respondent reported satisfaction with the help they received. Services used from Odawa included: help finding employment, referrals to housing, help with transportation (bus tickets), obtaining food and clothing, help going back to school, and use of computer and telephone. One woman reported that she was supplied with a mattress when she was staying at a sibling's house. Another woman contributed her time to the agency at Christmas to help pack food hampers.

Oshki Kizis also offers services to women. One of the seven women interviewed had attending a healing circle at the agency. Another respondent admitted she had never heard of this agency. Still another women had "heard that it was rough" and chose to use the services at Shepherds of Good Hope instead. The teen respondent reported staying at the Lodge for three days.

Four respondents indicated that they were not aware of some of the Aboriginal agencies, in particular Minwaashin. However, one woman had used the grocery program at this agency and found it to be a good place "to hang out". Another respondent reported that although he was aware of all the Aboriginal agencies, he didn't use them because they were not able to find him a place to live. (Finding a permanent place to live was this man's main goal.) Location was another factor why some respondents did not regularly use the services of one or more Aboriginal agencies. Agencies located downtown and close to major parks appear to be most accessible to respondents who spend some of their time living on the streets.

One respondent reported using the resource library and the employment listings at the Assembly of First Nations.

Why some agencies are not used

Respondents were asked if there were any agencies or services that they did not use for one reason or another, and if so, why not. Almost all respondents could name places they had used but would not use again. In some cases the reasons were personal (conflicts with other clients, being evicted for fighting, cultural differences with other clients, lack of cleanliness of other clients), other times it was related to location (i.e., Odawa and The Well are too far away). In a few cases it was lack of awareness about what other agencies had to offer. A few of the men cited strict rules against the use of alcohol as the reason they did not access the Salvation Army.

For almost all of the women and a few of the men the fact that most other clients were non-native or a perception that the agency did not understand their culture kept them away from several agencies such as The Mission, YMCA, Oasis, St. Joe's, Centre 507, and St. Lukes. One respondent who was gay did not feel comfortable with the services offered by Pink Triangle because he felt the services were more for non-natives.

Cultural differences with other clients may be an issue for some Aboriginal women, particularly at Cornerstone/LePilier. Two respondents reported that excessive arguing and fighting amongst clients from different cultural backgrounds was the main reason why they did not go back to Cornerstone.

The opinions of the two teen respondents differed somewhat. The young woman said she would not use the Mission again because she didn't like the food there – "they always have cold ham". The young man mentioned two agencies that he would not use again – Centre 454 because he felt this was for older people and not teens, and Shepherds of Good hope because he felt it was the "roughest place" he had used.

Unmet needs

Respondents were asked if there was any help they needed right now that they were not getting. The types of reported unmet needs can be grouped into the following categories:

- Housing: Six respondents (3 men and 3 women) reported a need and desire for an affordable apartment of their own. Two of the six felt that landlords discriminate against them because they are Aboriginal and homeless. One of the six said that he was receiving enough money each month to pay rent but still could not find a place. One woman spoke of how the amount of money she was receiving did not adequately cover her basic needs. "I have no possessions anymore".
- Health: All of the women (but none of the men) talked about health needs including special diets that were not being met. "It is very difficult to get into a drug treatment program – there are 3 to 6 month waiting lists. You can't do that to people. They need help right now". Another woman would like to try homeopathic treatment but can't afford it.

- Transportation: Two respondents reported a need for more help with transportation (a transportation allowance)

Both of the two teens interviewed reported that they currently had no unmet needs. ("People are helping me out. I'm doing fine.")

Health and support

Respondents were asked if their overall health had changed at all since coming to the agency where they were interviewed. Fourteen of the 17 respondents said yes - 10 for the better and 4 for the worse. Three indicated no change. For those whose health improved, the reasons given included:

- Better nutrition (gained weight)
- Better hygiene
- Cleaner, warmer, dryer place to sleep (than outside)
- Having more privacy (own room) is less stressful
- Getting counseling, have someone to talk to
- Access to good medical care and medication – one respondent said he wouldn't be alive today without this help; another (teen) praised the Sandy Hill Community Health Centre for meeting her health needs
- Reduction /help for substance use

Two men and two women said their health had worsened. One man indicated his mental health was worse because living with a lot of people was stressing him out. The other man said he didn't know why his health was worse – it just was. The two women who reported that their health had worsened both spoke of mental health issues. One woman reported that because she was depressed she couldn't eat the food, wasn't exercising, had back pain and generally felt run down.

Most respondents had serious physical and or mental health problems. Physical health conditions included liver damage, HIV/AIDS, Hep C, epilepsy, scoliosis, pancreatic problems, degenerate arthritis, osteoarthritis, and asthma. The mental health issues included attention deficit disorder (teen), anxiety, depression and in one case, schizophrenia. Several respondents were battling substance abuse issues including alcoholism and street drugs. One respondent indicated she used marijuana for medical reasons (relief from pain, to help her relax from emotional trauma, and to help give her an appetite.) Another respondent was a recovering heroin addict.

Ten out of 17 respondents said they were getting the help they needed for their health issues. (The teen male indicated he didn't need any help) Several respondents with substance use issues said that although the help was offered, they were not ready to accept it yet. Others appreciated the support they were receiving from staff and from professional health care providers, as well as the roof over their head. One respondent (a 30's woman) felt that the staff (at

Shepherds) "have so much on their plates, they take on everyone's issues and by the time they get to mine their resources are dried out". Another respondent (a woman in her 40's) said that she would feel better if she could get the specialized mental health treatment she feels she needs. This respondent also uses the healing circle at Wabano and "thank God for them and their support".

Of the six respondents who indicated they were not getting the help they needed, one said it was because the agencies were not sensitive to Aboriginal culture. Another two respondents admitted they were not receptive to the help. In one of these cases the respondent was not ready to give up cigarettes, and in the other case the respondent said he had trust problems and problems with paranoia and anxiety which made it difficult for him to wait in lines with other people for help. One respondent indicated she can't get the help she needs for her drug addiction because of the long waiting time for treatment.

Additional comments made by clients

At the end of the interview clients were asked if there was anything else they would like to say about their situation or about the services in Ottawa for people who are experiencing homelessness. Everyone added some comments, often about their own personal hopes, dreams, and self-reflections. Here is a sample of what respondents had to say:

> *"I became an alcoholic after I split up with my wife and lost my kids. Mentally and emotionally I couldn't deal with it. Now that my children are grown up I can see them. I had to let everything go because of my illness. If I were healthy I would get back to work and get back on my feet. If I really wanted help I could get it here." (A 42-year-old man)*

> *"I wouldn't be alive if I wasn't living here. One time when my body temperature went really high if I hadn't been taken to the hospital by staff I would be dead". (A 47-year-old man)*

> *"If they had a native shelter I would like it more than here – more comfortable but it's not a racial issue here – it's nice." (A 23-year-old man)*

> *"You can't go hungry in Ottawa. You're crazy if you are hungry. All the places have showers & food. Some even have clothing closets. In the winter they give out winter clothing. (A woman in her 30's)*

> *"I'd like to see the way the help is given changed. They could start by building more housing and reserve it for the homeless first rather than putting it out to the public would be nice. Bring some people who would be willing to try to improve themselves there first. People like myself that really want to try. Try to change the police's attitude towards the homeless*

would be nice. Review how agencies do their intake of new clients. Find a better way to interview. System is unacceptable. Give more funding to drop-ins so they can improve upon what they built." (A woman in her 30's with lots of suggestions)

"I like the services at the Mission. There are a lot of homeless in Ottawa. The NCC always kick you out & fine you for sleeping outside - $100. The cops when they catch you drinking in public dump out all your beer and ticket you $130. " (A woman in her 40's.)

"I'm only homeless because I put myself there with my drug use (for 5 years). Up 'till then I was getting up and working every day. Worked most of my life. I don't really use all the services in the city like the shelters. Have been couch surfing for 6 months. "(A 40's woman)

"In downtown Ottawa, there is no reason why you shouldn't be able to get out of homelessness. There are all the resources. If you've got the go you can do it – pull up your socks." (A teen woman)

"There should be a better place for seniors who are homeless. Those who can't get out. They're living on the streets – they won't go into shelters. I know I can survive. It doesn't bother me." (A teenaged man)

5.0 WHAT THE LITERATURE SAYS ABOUT ABORIGINAL HOMELESSNESS

5.1 Search Strategy

The issues for homeless people that we had already reviewed and summarized in a separate report on the needs of homeless single men will remain valid for the Aboriginal population as well. Here we dig down further to add any material more specific to the Aboriginal population living in urban areas and off reserve.

We went beyond the search words we had used before, to narrow down the literature search. The additional word "Aboriginal" generated over 48,000 items. We looked for studies, reviews and plans in specific urban areas.

There is not an extensive literature addressing the issues of homelessness among Aboriginal people. Other bodies of literature that may be relevant include the general literature on homelessness in Canada, the research on Aboriginal socio-economic conditions and housing, the literature on urban Aboriginal people and street youth, and the literature on Aboriginal health issues. The National Homelessness Initiative (NHI) is working with the Urban Aboriginal Strategy (UAS) to support integrated community planning and support projects in eight

cities — Vancouver, Edmonton, Calgary, Saskatoon, Regina, Winnipeg, Thunder Bay and Toronto. These initiatives have produced some very useful information regarding Aboriginal homelessness in Canada.

5.2 Summary of findings

Aboriginal homelessness has many features in common with homelessness in the general population, but it also has several distinctive features such as rural-urban migration, racism and discrimination, and "Third World" on-reserve housing. Many of the same strategies are recommended to address both Aboriginal and non-Aboriginal homelessness. While the literature focuses quite heavily on the difficulties in addressing homeless among Aboriginal people, there was also some indication of particular strengths that can be found in Aboriginal communities, including hostels, drop-ins, safe houses, and detox programs the tradition of a strong extended family, the sense of community, and Aboriginal spirituality.

Special concerns have been identified that need to be considered when addressing homelessness in the Aboriginal population, particularly cultural appropriateness, self determination and traditional healing. These commonalties provide a strong identity and connection that can be effective for the purposes of collaborating and mobilizing efforts. Clarity of knowledge and thorough research combined with coordinated action and long range planning is recommended as the right approach.

Another positive trend noted was that governance networks in Canadian cities are emerging to produce low-cost housing. The long-standing relationship between the federal government and Aboriginal peoples, and the movement toward Aboriginal self-determination in urban affairs both add new dimensions to mainstream discussions of state-citizen relations and urban governance.

While recognizing strengths and positive trends, there continues to be increasing concern with respect to the large number of Aboriginal homeless people in urban centres in Canada. The Native Counseling Service of Alberta provides the following facts:

- On Toronto streets one homeless person dies every six days.
- In Victoria, Aboriginal people account for at least 15% of admissions to the women's emergency shelter and 40% of admissions to the mixed shelter (not including the large numbers of Aboriginals that are turned away each day).
- In Vancouver, the City tenants' rights worker estimates that at least 60% of those she sees that are "absolutely" homeless are visibly Aboriginal and she suspects the percentage is actually much higher.
- The Edmonton Task Force on Homelessness identified 42% of those who are homeless as Aboriginal.
- The Aboriginal homeless rate is at about 40% Canada wide.

Homelessness is generally related to many factors, and all of these have an impact on Aboriginal people:

- family problems
- addiction
- poor health
- landlord-tenant conflict
- the lure of adventure
- unemployment
- low pay
- condemnation/ demolition of rental units
- release from jail
- deinstitutionalization

5.3 Key Aboriginal issues related to homelessness

The Aboriginal population presents considerable differences when compared to the non-Aboriginal population. Characteristic differences include:

- Higher birth and death rates, shorter life expectancies, higher proportion of lone-parent families, lower levels of education and income, and higher unemployment and poverty levels
- A generation of Aboriginal youth has been affected by negative experiences in residential schools. The legacy of abuse has continued, with high levels of family violence and sexual abuse.
- There is a predominance of women among Aboriginal homeless people due to the migration of women to cities to get away from abuse. Of particular concern are the young women who are homeless and become pregnant.
- The result of historical relations is that the "predominant behaviour patterns are marked by a dependent relationship, a victim mentality, a lack of self-esteem and confidence, a deep seated resentment of authority and rules imposed by other cultures." [5]
- The 1996 Royal Commission on Aboriginal Peoples found that between 40 and 76 percent of Aboriginal households in large urban areas fall below the poverty line. The situation is even more serious for female-headed single-parent households, of which 80 to 90 percent live below the poverty line.

[5]Obonsawin-Irwin Consulting Inc., quoted in Toronto Task Force

- The Aboriginal homeless population exhibits very high needs since so many suffer from alcohol and drug abuse, mental illness, and sexual abuse.
- Many urban Aboriginal people see their cultural identity as the core of their existence and they face major difficulties in dealing with non-Aboriginal agencies and institutions that have different values.
- Negative experiences, such as foster care mismanagement, violence and substance abuse also force some Aboriginal people to seek support services in cities, where they live in temporary housing. Aboriginal people tend not to use a temporary shelter that does not have culturally specific services.
- Extreme poverty due to unemployment and cuts to social assistance is another reason people—particularly those already in urban centres—use temporary housing. Many use temporary accommodation while receiving medical care, escaping violence, waiting to return to their community or waiting for low-rental housing.
- Single-parent families, large families and women are hardest hit by adverse socio-economic factors including high unemployment, welfare dependency and extreme poverty.
- Poor housing and severely depressed conditions on reserve and in remote communities lead to rural-urban migration in search of jobs, education and better housing, but leaves Aboriginal people vulnerable to poverty, depression, addiction and crime.
- Continued attachment of urban Aboriginal people to reserves may result in hyper mobility, regular alternation between the city (in winter) and reserve (in summer), necessitating regular searches for short term urban accommodation.
- Racism and discrimination is a recurring theme, although the extent and seriousness of discrimination is hard to measure.
- Substance, domestic and sexual abuses are frequently cited risk factors for homelessness. These abuses are regularly found in descriptions of the Aboriginal population.
- Physical and mental health problems can lead to homelessness, and Aboriginal health status remains significantly poorer than that of the non-Aboriginal population. The socio-economic marginalization and abuse factors noted above contribute to higher incidences of physical and mental health problems among Aboriginal people.

5.4 Solutions

Addressing Aboriginal Homelessness

Solutions are multi-dimensional. More affordable housing alone will not solve the Aboriginal homeless problem. Solutions must include community development which provides jobs and empowers individuals, self government which assists Aboriginals to address their own needs, reduced discrimination in the housing and labour markets, and culturally appropriate programs and services. Essential features of a long-term solution to Aboriginal homelessness and marginalization must address prevention, crisis intervention, social integration, and community development. If Aboriginal people are to break the cycle of poverty, dependency and homelessness, their communities must empower themselves through an appropriate model for community development. But such a model will only be effective if there is a serious commitment on the part of governments to adopt a more holistic approach.

Appropriateness of current services

Experience has shown that Aboriginal people are more comfortable using services specifically designed for Aboriginal people. In fact, they tend not to use mainstream services unless there are no alternatives. Aboriginal-led agencies are places where people can “feel good about being Aboriginal” and find support and acceptance. Mainstream agencies can have difficulty responding to Aboriginal people as a result of a lack of understanding of their historical and cultural circumstances. However, mainstream agencies do offer their hostels, drop-ins, safe houses, and detox programs to the Aboriginal homeless population. There is recognition that to meet the needs of Aboriginal people, services must increase access to cultural, spiritual & traditional healing and ensure better coordination among mainstream and Aboriginal service providers. A strong Aboriginal voice must be heard at all decision-making levels to ensure the Aboriginal community receives its share of funding, programs and services.

Collaboration

Several initiatives at the municipal level have recognized the importance of collaboration across sectors. Vancouver organized a strategic and concerted effort by the service delivery community, government agencies and other target audiences within the private sector to address Aboriginal homelessness. Calgary recommended establishing multi-sector teams to address cross-sectoral issues, such as the need for dual diagnosis treatment and supported housing, or for programs focused on evictions prevention and tenant protection. Calgary also recommended identifying best municipal practices in order to avoid “reinventing the wheel”.

Integrated versus independent planning

It does not make sense to try to address Aboriginal homelessness in isolation from the host of pressing socio-economic issues that cause it. However, both Aboriginal and mainstream observers recognize that Aboriginal capacity to

provide independent Aboriginal services for homeless people is often low. Therefore Aboriginal service providers in the many communities accept the need to work with mainstream service providers to integrate Aboriginal components and Aboriginal staff, and to encourage the adoption of culturally appropriate practices for Aboriginal clients. The benefits of integrated planning with the mainstream community were recognized by those Aboriginal communities that did so. They also recognized, however, that the lack of an independent Aboriginal planning process carried a risk that the community might not develop an independent capacity to address homelessness.

Practical solutions

In terms of local service delivery, partnerships, collaboration, financial and human resources, the literature reveals that the following factors were thought to make a difference:

- Adequate, long-term, stable funding
- Training and education to build capacity within the Aboriginal community to administer all aspects of housing in a holistic manner
- Goodwill and interest from the community as a whole to take action.
- A continuum of service for the Aboriginal homeless population that embraces prevention, crisis intervention, one-on-one case-managed interventions, and community reintegration.
- For in-depth intervention, healing lodges in rural settings serve as an important step to community reintegration
- Job coaching and support services to increase Aboriginal access to employment, particularly among youth, sole support mothers, and those who have had difficulties maintaining employment.

Consistent messages about solutions from the literature included:

- The importance of long-term funding and administrative flexibility
- The need to build capacity and facilitate entrepreneurial spirit
- The significant role of champions that have a clear vision
- The benefit of local service delivery, and
- The need to distinguish rights from social issues

6. WHAT KEY INFORMANTS ARE SAYING ABOUT BEST PRACTICES

6.1 Recurring Themes

A number of recurring themes on best practices emerge from interviews with key informants working in Aboriginal-specific programs. They echo those found in the literature. Some of the best practices are:

A model of service delivery based as much as possible on tradition and culture..

> *"Our model deals inherently with the spiritual side of recovery. We work with elders who offer guidance to our clients. It helps them build positive identity, to form connections to their community, their history. We have many elders working from specific nations, and that is important."*

> *"We address self-esteem and self-worth and deal with issues that are born of the history of colonization of our people. We address migration from reserves to the cities (displacement)… preserving and using culturally significant programs and services - healing circles, for example, and traditional knowledge. We involve the community in planning and program delivery..."*

A model designed to empower clients to determine what they need and want, and to make their own decisions.

Seeking information about the needs of the community from Aboriginal people and Aboriginals who are homeless themselves.

> *"…ask them to define who the homeless population is, what their issues are, and so on. There is a great need to consult with the community and to develop trust."*

The effectiveness of intensive case management and comprehensive services that address all aspects of healing (spiritual, mental, physical and emotional).

> *"I used to be involved in curbside assistance – crisis services - and found that our homeless population, specifically Aboriginal, was staying the same, we were consistently visiting the same clients and seeing no change. We had some limited case management services at the time, and we saw that there was a small number of significant changes when you apply long term case management. We decided to get out of harm reduction for that reason, to offer a circle of care, which is a wide variety of services targeting the whole person and using broad health services (both western and traditional). For us, sickness begins in the spirit."*

The importance of training programs and quality governance.

> *"Training programs are integral and have been highly successful"*

> *"Improve services through quality workers! We must educate ourselves and work with our community…we need a core group of skilled staff … we are blessed with good Board of Directors and great staff."*

Address the core issues of trauma, violence, and substance abuse with long-term treatment.

> *"If these core issues can be addressed effectively then you have a chance to make systemic change and differences for the client"*

6.2 Some Best Practices That Work Locally

- Highest success rates occur when the client is the recipient of integrated service delivery between agencies (e.g., Wabano Centre for Health Services, Oasis, and Centretown Community Health Centre)
- Highest success rates occur when a worker is attached to an individual, helping and assisting them to access and effectively use the programs and services they need.
- The most effective client referrals are made to selected workers within mainstream agencies where trust has been established - rather than to the agency itself.

6.3 Promising Models Elsewhere

Anishnawbe Health, Toronto

Anishnawbe is a case management model based on Native traditions. A Trillium grant enabled Anishnawbe to shift from a Street Patrol program with a crisis management orientation to a case management model that is based on native traditions. This new model, now in place for a year, shifts the program delivery from survival to escape from homelessness. The staff complement is six case workers who ask each of their client's three main questions:

1. How did you come to be homeless?
2. What keeps you there?
3. Do you want to get out?

The process involves addressing each individual's underlying issues and helping them work out a healing path. The caseworker works with clients to help them get housing, training and education, counseling, and social services to maintain a life off the streets. Case management continues when the individual is housed. This program model has been very successful with longtime homeless people. The caseworkers have been able to get more people off the streets in the program's first year than in five years of curbside services.

Helping Spirit Lodge, Vancouver

This program has an open door policy for women and men and is very communal in its approach. The Lodge is well known in the community and in fifteen years has served about 6,500 people. The programs at the Lodge are very strict and regulated, working towards a healthier life style for clients. Evening Courses are very popular. The programs include:

- Transition house has 33 spaces for women and is running at full capacity.
- Spirit Way House is a 14-unit apartment building for women. It provides second stage housing for up to 18 months. Spirit Way House received a "Most Promising Approach" Award from the City.

- Reclaiming Your Spirit offers a computer centre, housing help and stabilization, and general counseling.
- Eagle Spirit is a parenting program for men and women.
- Choices is a 24 week program of life skills and personal planning.

7. OBSERVATIONS AND CONCLUSIONS

Based on the interviews with clients, providers and key informants, the literature scan and existing data, the following conclusions and observations can be made about Aboriginal homeless people, those at risk of becoming homeless, and the services and housing options available to help them deal with their circumstances.

7.1 Observations about the Aboriginal homeless

A large proportion of Aboriginal homeless people are very ill, suffering from chronic physical health, mental illness and addictions, as well as from the impacts of poverty, sub-standard living conditions, poor education, and few job opportunities. The direct and generational impact of residential schools has had a profound, deleterious effect on many Aboriginals. Not all individuals want, or are ready for, help – especially those suffering from addictions and alcoholism.

A significant proportion of homeless Aboriginals have come directly from a reservation. The urban environment is very different and has few familiar supports. Many individuals do not know where to turn when they first arrive in the city. They must adjust to this new environment alone. Seasonal mobility back and forth from the reserves is a common practice for a significant subgroup, perpetuating the instability in their lives. Most homeless Aboriginals came to the city with hopes of a better life that did not materialize.

The prevalence of substance abuse is high for both men and women. A high proportion of women suffer from physical and sexual abuse and domestic violence. Some turn to prostitution. A significant sub-set (about 5 %) of the homeless has been living on the street for a long time.

7.2 Observations on Service and Housing Options

Stable, permanent housing and employment are very high priorities for Aboriginals. Aboriginal clients access both mainstream and culturally specific agencies for help, a necessary practice to obtain a full range of services and housing options. However, there is a high probability that a homeless Aboriginal will experience discrimination and racism and feel vulnerable in mainstream agencies, especially in the larger shelters. This discourages access. Discrimination also limits suitable housing choices.

Aboriginal homeless people do better and, for the most part, prefer to be helped by Aboriginal-specific agencies in an environment that is culturally friendly and

imbued with Aboriginal traditions, history and healing practices. Aboriginal agencies strive to use a holistic approach to services, embodying a philosophy of health that includes physical, mental, emotional and spiritual dimensions. Often the same agency will offer clients prevention, intervention, treatment, and follow up programs. The lack of client follow-up by mainstream agencies is seen as a serious limitation by Aboriginal-specific agencies.

There is general agreement among non-Aboriginal agencies that cultural sensitivity training would be beneficial for staff to more effectively respond to Aboriginal clients. Barriers to participation include the high cost of replacement staff while staff attends cultural sensitivity training, and the cost of the training itself.

Communication and relationship building needs to be strengthened between Aboriginal-specific and mainstream agencies overall and, in particular, between agencies involved in the delivery of mental health and addiction treatment, support services, and housing. More client involvement in the planning and evaluation of services and housing options would increase their effectiveness.

Significant gaps in the Aboriginal continuum of services and housing include:

- a treatment centre for men and women;
- long-term supportive housing with appropriate on-site and portable support services
- social housing options with flexible portable supports;
- case management services that allow for long-term follow through with individuals to help them increase their independence
- long-term operating funding to ensure the sustainability of existing agencies
- services for “Two-Spirit” (gay and lesbian) people

7.3 Observations about data for planning

The availability of data for planning purposes is limited. Information is provided by funding stream rather than by program. Client characteristics are captured by agency, and include duplications. Client profiles and service use patterns across the system would be the most useful data - but likely unattainable, given the mobility and nature of the homeless population and resources available.

8. RECOMMENDATIONS

1. Lobby HRSDC to convert SCPI to a long-term funding program for services. Sustainable funding makes addressing and ending homelessness more feasible.

2. Secure long-term operational funding for the women's shelter (Oshki Kizis Lodge) to ensure staffing continuity and effective longer-term follow-up with clients.
3. Secure long-term operational funding for the Shawenjeagamik Drop In Centre to ensure its sustainability.
4. Significantly expand outreach and case management resources, particularly in the areas of mental health and addictions. Best practices emerging from the literature and demonstration projects show that this is where the greatest client gains occur.
5. Establish an Aboriginal-specific treatment centre with separate spaces for men and women. Presently, Aboriginals suffering from alcoholism and addictions must go out of town for treatment.
6. Expand Aboriginal housing options to include permanent housing with an appropriate mix of on-site and portable support services developed through partnerships between service providers and housing providers.
7. Expand resources for Aboriginal-specific addictions and mental illness treatment programs.
8. Expand services that are specific to Aboriginal men, Two Spirit people, single women with children, and children.
9. Expand Odawa Native Friendship Centre's alternate high school program to increase opportunities for Aboriginal youth in the workplace.
10. Involve homeless people in the planning, delivery and evaluation of programs being designed for them.
11. Invest in partnership development and relationship-building between Aboriginal and mainstream agencies for planning, information sharing, the development of protocols for interagency referrals, the delivery of culturally sensitive services; and the evaluation of services for access, appropriateness and effectiveness.
12. Encourage Aboriginal homelessness service providers to sit down with community mental health agencies to develop a plan for better service delivery to Aboriginal men, women and children. Separate networks may be needed for each sub population.
13. Invest in cultural sensitivity training. Allocate funds to Aboriginal agencies to further develop existing training programs and for the systematic delivery of training programs to mainstream agencies, academic institutions, police and others coming into contact with Aboriginal peoples. Explore purchase of service agreements.
14. Invest in joint professional development and education for staff employed by Aboriginal and mainstream agencies particularly regarding addictions, mental illness, and abuse.

15. Create partnerships with government, business, labour, academic institutions, and community development entities to increase employment opportunities for the Aboriginal homeless and those at risk of homelessness.
16. Strengthen and invest more in data collection systems to improve short-term responses and make long term planning more effective.
17. Continue the close work between The Ottawa Coalition for Urban Aboriginal Homelessness and The Alliance to End Homelessness to prevent and end homelessness in the City of Ottawa.

Appendix A: References

Appendix A: Bibliography

Beavis, Mary Ann, Nancy Klos, Tom Carter and Christian Douchant. *Literature Review: Aboriginal Peoples and Homelessness,* Institute of Urban Studies, The University of Winnipeg, January 1997.

http://www.cmhc-schl.gc.ca/en/imquaf/ho/abpeho_001.cfm

CBC News: *Native leaders blame Ottawa for aboriginal homeless problem*

WINNIPEG - Native leaders say there are more homeless aboriginal people in Winnipeg than there were a decade ago and they're blaming the federal government. ...

www.cbc.ca/stories/2004/04/16/canada/homeless040416

CMHC, Research Highlight, *Temporary Supportive Housing For Aboriginal People and Their Families,* Socio-economic Series 05-026, September 2005, Temp Housing -- 2005-09-08 -- RH_E.pdf

D Bappleton, Strategic Development Performance, Greater Vancouver Regional District, *Aboriginal Homelessness Study*, 2003
http://www.gvuas.ca/documents/resources/reports/gvrd%20aboriginal%20homelesness%20study%202003.pdf

Government of Canada, *Urban Aboriginal Homelessness*
http://www.homelessness.gc.ca/initiative/uah_e.asp

http://www.homelessness.gc.ca/initiative/evaluationreport/abomodel_e.asp

Hamilton Executive Director's Aboriginal Coalition (2001). The Homelessness Trail: "The Voice of the People" An Introductory Report on Aboriginal Homelessness within the New City of Hamilton. Accessed August 5, 2003.

URL http://www.sprc.hamilton.on.ca/spcnews3.htm

HRSDC, *Evaluation of the National Homelessness Initiative: Implementation and Early Outcomes of the HRDC-based Components*, March 2003

http://www11.hrsdc.gc.ca/en/cs/sp/hrsdc/edd/reports/2003-002435/page08.shtml

National Secretariat on Homelessness, Human Resources and

Skills Development Canada (HRSDC) and the Canada Mortgage and Housing Corporation (CMHC), *Canadian Housing Framework, Aboriginal Housing Roundtable Event Report*, Montréal – April 24-25, 2005 http://www.homelessness.gc.ca/consultations/nuahfdocs/event_reportah_e.pdf

Native Counseling Services Of Alberta, Community Consultation On Homelessness

Native Friendship Centre of Montreal, *Homelessness Among Montreal's First Nations, Inuit and Métis: A Summary Report of Findings*, June 2002

Statistics Canada, *The Aboriginal Peoples Survey (APS*), 1991.

Toronto Action Plan (Section on Aboriginal People) http://www.city.toronto.on.ca/pdf/homeless_action.pdf

Vista Evaluation and Research Services Inc, *2002 Calgary Homeless Study*

Phase 2: Secondary Data Analysis Aboriginal Sector Report, September 15, 2003

http://www.calgaryhomeless.com/bs_product.html?GID=114

Walker, Ryan, *Transformations In Urban Aboriginal Housing And Governance: Lessons From Winnipeg*, Canadian Social Policy Welfare Conference, 2003.

http://www.ccsd.ca/cswp/2003/papers/abstracts/walker.htm

Appendix B: List of Expert Key Informants

1. Anna Lenk, CMHC
2. Tim Aubrey, University of Ottawa
3. Neil Richardson, HRSD
4. Joe Hester, Anishnawbe Health, Toronto
5. Bertha Talio, Helping Spirit Lodge, Vancouver

Appendix C: List of Agency Representatives Interviewed

- Tina Vincent, Executive Director, Tewegan Transition House
- Dan Printup, Outreach Worker, Wabano Centre for Aboriginal Health
- Shiningwater Diabo, Executive Director, Oski Kizis
- Gary Lafontaine, Executive Director, Odawa Native Friendship Centre
- Julie Levesque, Support Worker, Cornerstone/LePilier
- Karen MacInnis, Executive Director, Interval House
- Monique Cook, Executive Director, Carling Family Shelter
- Pat Connelly, Executive Director, The Well
- Tracy Davidson, Executive Director, Centre 507
- Jeanne Francoise Moue, Executive Director (Directrice generale), Centre espoir Sophie
- Wendy Muckle, Executive Director, Ottawa Inner City Health Project, Ottawa Hospital
- Don Wadel, Executive Director, John Howard Society
- Paul Wallace, Manager, Psychiatric Outreach Team, Royal Ottawa Hospital
- Rob Boyd, Oasis Program Director, Sandy Hill Community Health Centre
- Sheila Burnett, Acting Executive Director, Shepherds of Good Hope, compiled by Joanne Hansen, Senior Manager – Shelter Services
- Dom Hostels, Alexander House, Kimberlane Residence (Dom Hostel for men with schizophrenia) Staff completed questionnaire
- Elspeth McKay, Co-Executive Director, Causeway
- Diane Morrison, Executive Director, The Mission
- Marnie Smith, Program Manager, CMHA
- Jay Koornstra, Executive Director, Bruce House
- Maxine Stata, Program Coordinator, St. Luke's Lunch Club
- Perry Rowe, Acting Executive Director, Salvation Army-Booth Street
- Rosine Kaley, Executive Director, Action-Logement
- Debbie Barton, Chair, Ottawa Social Housing Network, and, Centretown Community Housing Corp.
- Craig Defries, Co-ordinator, Project Upstream
- Mary Martha Hale, Executive Director, Centre 454

- Hilary Jocelyn, Manager, Community Development, Salus
- Lorraine Bentley, Executive Director, Options Bytown Non profit Housing Corp.